## The College of General Practitioners

SIR,—I rather gather that the movement for higher criteria for future membership of the College of General Practitioners is stronger at the moment in Scotland than it is in England. It is to be hoped that the desire for this will gain momentum in all quarters. It has been clear to me since the College was mooted in the early days of the Steering Committee that, if it is to secure equality for general practitioners with other sections of the profession, it must become, first, a royal incorporation, and, secondly, a licensing body able to issue a diploma or diplomas which will be recognized by the General Medical Council as a registrable higher medical qualification or qualifications.

Whether foundation or early members will automatically receive this diploma or not is of lesser importance at the moment. Nor is the form that the examination for the diploma should take at present in question. I do not wish to complicate the issues by referring to these disputable matters, but I do feel that at the moment the College enjoys widespread good will. To delay unduly in applying for a royal charter and in establishing a registrable diploma would, in my judgment, be most unfortunate.—I am, etc.,

Glasgow, W.3. J. INGLIS CAMERON.

## Research in General Practice

SIR,—The annotation entitled "Research in General Practice" (*Journal*, November 28, p. 1209) mentions herpes zoster as a suitable subject for study. It may be of interest to report that a small group of general practitioners working in rural areas of central Perthshire has been recording its observations on this disease for the past two and a half years. Our records are made on a standard form drawn up by Dr. P. L. McKinlay, the medical statistician to the Department of Health for Scotland.

As the majority of the members of our group are now foundation members of the College of General Practitioners it is our intention at an early date to explore the possibility of making our local inquiry the nucleus of a much bigger investigation conducted under the auspices of the College.—I am, etc.,

Pitlochry JOHN M. HENDERSON.

## Alcohol-induced Pain in Hodgkin's Disease

SIR,—Pain induced by alcohol is not peculiar to Hodgkin's disease. During the Libyan campaign of 1941 I suffered from a Brodie's abscess in the head of the right tibia. One half-glassful of beer was sufficient to cause pain of distressing severity in the region of the lesion. After confirming this curious phenomenon on two or three occasions with several types of alcohol-containing drinks, I was forced temporarily to become teetotal.

Before operative cure of the abscess I discussed the possible cause of such pain with Lieutenant-Colonel Graham, O.C. Surgical Division, 2/1 Australian General Hospital. He had himself suffered from a pyogenic infection of bone, and had experienced a similar alcohol-induced pain. We thought that the probable explanation was traction upon pain-sensitive structures (? vessels) caused by vasodilatation in osteoporotic tissue.

Growth of Hodgkin's tissue in bone may have been the cause of the pain in all instances quoted by Dr. Jan G. de Winter (*Journal*, September 12, p. 604). I have not known such pain to occur after alcohol in several other cases of pyogenic osteomyelitis, nor in cases of tuberculous osteitis and myelomatosis.—I am, etc.,

Victoria, Australia. D. A. ALEXANDER.

## Agonal Myokymia

SIR,—Recently I watched an old lady die of hypertensive heart failure. About half a minute after I heard the last heart sound the entire chest wall and shoulders rippled with fibrillary contractions of the muscle fibres. This went on for about a minute. The face was not affected and the rest of the body was covered. The room was warm and there was no perceptible draught. It was a most striking sight.

I have never heard of this phenomenon and can recall no reference to it in the literature. One seldom sees the act of dying; one feels that were myokymia frequent at this time the ancients would have been well aware of it and that it would be described in classical writings. The only explanation I can suggest is that I saw during a minute an effect of anterior horn-cell degeneration which takes place over months in motor neurone disease.—I am, etc.,

Hutton Mount, Essex. GAVIN THURSTON.

## Medresco Hearing-aids

SIR,—Your leading article of October 24 (p. 929) dealing with Medresco hearing-aids states: "There is no doubt that the benefit extended to so many deaf people by the Medresco aid is ample return for the trouble and cost of providing a hearing-aid service on a national scale." The Medresco service has now been operating for nearly five years, and it would be wise to ask whether or not we are getting the best value for the money expended, this value to be determined in terms of hearing rehabilitation or the extent to which the hearing-aids distributed have enabled those who have received them to lead a normal life, free from the handicap of deafness. Judged in this way, the Medresco service may be found to have several serious shortcomings:

Mr. Gray and Miss Cartwright in a survey carried out for the Ministry of Health and summarized in the *Lancet*[1] reported that the average daily use of the Medresco was 4.9 hours, and that only 18% of the aids issued were ever taken to work. The personnel of clinics have been consistent in their advice that only about one-third of the aids issued received any real use, one-third received occasional use, and the remainder were not used at all. The exclusion of commercial hearing-aids from the Health Service means that the hard-of-hearing are denied new developments as they become available. Bone conduction has just been introduced after being fully developed more than 20 years ago. Automatic volume compression, which has been featured in commercial hearing-aids for the last five years, has not yet been introduced, although it is essential in many types of inner ear deafness.

Might we not as a nation get better value for the money expended if some of this were devoted not to the giving away of free hearing-aids but to a determined drive to detect and treat deafness immediately it occurs, and particularly in school-children?—I am, etc.,

A. EDWIN STEVENS,
London, W.C.2. President, Hearing-aid Manufacturers Association.

REFERENCE

[1] *Lancet*, 1951, 1, 1170.

## Antibiotics in Bacteriaemia

SIR,—I was interested to read the account of a fatal case of staphylococcal bacteriaemia described by Drs. W. H. Jopling and F. D. Schofield (*Journal*, November 21, p. 1140). There are, however, two points which do not seem to have been considered by the authors. First, it is known that *in vitro* tests do not necessarily correspond to *in vivo* results. Thus it is perfectly possible for a patient to be cured of a bacterial infection by an antibiotic while *in vitro* tests demonstrate the organism to be insensitive to that antibiotic. Secondly, it is also known that bacteriaemias respond more satisfactorily to bactericidal drugs such as penicillin and streptomycin rather than bacteriostatic ones such as aureomycin and chloramphenicol. Such a bactericidal action is probably particularly important when the cellulo-humoral response, as in this case, was apparently defective.

For these reasons it is difficult to understand why the authors should have persisted first with repeated courses of aureomycin and secondly with 57 days of chloramphenicol in spite of repeated positive blood cultures. Apparently it did not occur to them, in spite of the results of the *in vitro* tests, that it would have been worth trying the effects of a drug such as streptomycin. Furthermore, it might also have been of avail to have given the latter drug in combination with massive doses of penicillin and benemid.—I am, etc.,

Waltham St. Lawrence, Berks. M. ANTHONY PEYMAN.